



Travel Request

FIN-TRR-001706

1. Employee Information

Employee Name: John Flynn

Department: Retirement Services

Employee Email: [REDACTED]

Supervisor Name: John Flynn

Employee ID# [REDACTED]

Supervisor Email: [REDACTED]

Position/Title: Dir of Retirement Svcs & CEO U

Supervisor Title: Dir of Retirement Svcs & CEO U

2. Request Details

Type of Request: New Request

Type of Travel Request : In-State Travel

Is your travel or part of travel waived or paid by a 3rd party?: No

Group Travel: No

3. Travel Itinerary

Name of the Event: CALAPRS Administrators Institute

Location of the Event: The Quail Lodge

Location Address of the Event: 8205 Valley Greens Dr, Carmel, CA 93923, USA Location Zip: 93923

Travel Departure Date:
09/24/2025

Travel Departure Time:
12:00 PM

Event Start Date:
09/24/2025

Event End Date:
09/26/2025

Return Time: 11:00 AM

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Registration includes lodging	\$3,000.00
Mileage	Home to Conference: 81 miles + Conference to Home: 81.5 miles = 162.5 miles x 0.70 = \$113.75	\$113.09
Per Diem	Per Diem Per Chart Above	\$86.75
	Total Estimated Expenses	\$3,199.84

5. Exceptions

Exceptions to be Considered: Mileage reimbursement estimate should be \$113.75. Simpligov would not allow me to make changes in the estimated expense cell.

6. Cash Advance Requested

Cash Advance: No

7. Employee Acknowledgement

I certify that hte requested travel is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

8. Supervisor

Supervisor Name: John Flynn

Supervisor Email [REDACTED]

Supervisor Title: Dir of Retirement Svcs & CEO U

Supervisor Decision: Approved - Send to Travel Coordinator

I certify that I have evaluated the requested travel activity and confirm that hte request is complete and prepared in accordance with teh City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

× John Flynn

Signed By: John Flynn - [REDACTED]
Date Signed: 07/07/2025 2:15:31 PM -07:00 GMT
[REDACTED]

9. Additional Reviewer 1

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

10. Additional Reviewer 2

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

11. Additional Reviewer 3

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

12. Additional Reviewer 4

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

13. Additional Reviewer 5

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

14. Travel Coordinator

Travel Coordinator Name: Gina Rios

Travel Coordinator Email: [REDACTED]

Travel Coordinator Title: Senr Accountant

Travel Coordinator Decision: Approved

I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

× Gina Rios

Signed By: Gina Rios - [REDACTED]
Date Signed: 07/07/2025 2:18:41 PM -07:00 GMT
[REDACTED]

15. Approving Official

Approving Official Name: Barbara Hayman

Approving Official Email: [REDACTED]

Approving Official Title: Deputy Dir U

Approving Official Decision: Approved

Approving Official Comments: approved

I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

× BHayman

Signed By: BHayman [REDACTED]
Date Signed: 07/07/2025 2:22:21 PM -07:00 GMT
[REDACTED]

16. City Manager's Office

17. Accounts Payable Group

18. Director of Finance



Per Diem Expense Worksheet

1. Dates & Rates

Departure Date	09/24/2025
Departure Time	12:00 PM
Event Start Date	09/24/2025
Event End Date	09/26/2025
Return Time	11:00 AM
CONUS/OCONUS Rate for Lodging	191
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	92

2. Per Diem - Lodging

Date	Daily Rate	Taxes	Total Reimbursable Lodging Expenses
Wednesday, September 24, 2025			\$0.00
Thursday, September 25, 2025			\$0.00
		Total	\$0.00

3. Per Diem - Meals and Incidentals

Travel Day	Breakfast	Lunch	Dinner	Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustments	Maximum Per Diem for Meals and Incidentals
Wednesday, September 24, 2025	\$17.25	\$19.50	\$28.50	\$3.75	Checked	\$19.50		\$49.50
					Checked			
Thursday, September 25, 2025	\$23.00	\$26.00	\$38.00	\$5.00	Checked	\$87.00		\$5.00
					Checked			
Friday, September 26, 2025	\$17.25	\$19.50	\$28.50	\$3.75	Checked	\$36.75		\$32.25
					Checked			